



Rebate Registration Form FY2004

Your Name (Please Print)
Your Social Security #
Today's Date
Send Information <input type="checkbox"/> Home <input type="checkbox"/> Work
If Spouse, please provide Employee's Social Security #

Work Information (Employee Only)

Agency/Department
Division/Office
Work Mailing Address
City / State / Zip
Work Phone Number
Work E-Mail Address

Home Information (Employee/Spouse)

Home Mailing Address
City / State / Zip
Home Phone Number
Home E-Mail Address
County of Residence

Return completed form via mail to:

Healthy Utah

P. O. Box 142107 / Salt Lake City, Utah 84114-2107

or via fax to (801) 323-1577



Rebate Program Contract FY2004

Rebate Program Instructions

- 1. Qualify!** Qualification for rebates must be authorized by Healthy Utah Staff or a Health Care Provider.
- 2. Earn!** You have **one year** from the date on this Rebate Contract to complete the rebates. Once you have completed the requirements, have them verified by Healthy Utah, a Health Care Provider, or any non-family member.
- 3. Submit!** Submit the Registration form AND this contract *only* when you have completed all the rebates you intend to earn. All rebates on this contract will be paid at one time. Mail the completed Rebate Program Contract to:
Healthy Utah, PO Box 142107, Salt Lake City, UT 84114-2107 or FAX to (801) 323-1577.

☐ Qualify Weight Loss Rebate - \$60-\$150 *Behavior Goals – 10 points each*

To qualify, BMI must be ≥ 25 . *To earn the rebate.*

- **\$60:** Lose 10 pounds and **maintain** this loss for six months.
- **\$1** per each additional pound up to \$50.
- **\$40:** Behavior Goals = **100 points + 10 lb. weight loss AND maintenance.**

Visit www.healthyutah.org for details

- Keep a Food Journal for one week.
- Eat at least 5 fruits and vegetables per day for one week.
- Try at least two new low-fat dishes during one week.
- Change at least one eating behavior and maintain for three months.
- Accumulate 30 minutes of physical activity per day for one week.

Starting Weight	BMI	Authorized Signature	Completion Date
10 lb. Weight Loss/6-month Maintenance	6-Month Date	Authorized Signature	Completion Date
Additional Weight (\$1/lb. up to \$50)		Authorized Signature	Completion Date
Behavior Goal Points (≥ 100 points)		Authorized Signature	Completion Date

☐ Qualify Cholesterol Rebate - \$50

To qualify, a cholesterol level $\geq 200\text{mg/dL}$ must be obtained from a Healthy Utah screening or a Health Care Provider. *To earn the rebate,* total cholesterol must be lowered by 10%. Participants can have cholesterol rechecked and verified by Healthy Utah or a Health Care Provider after six months.

Total	10% Goal Level	Final Level	Authorized Signature	Completion Date
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☐ Qualify Blood Pressure Rebate - \$50

To qualify, participant must currently be diagnosed with high blood pressure (hypertension) and blood pressure must be $\geq 140/90$ mm/Hg. **Note:** One elevated reading does not diagnose high blood pressure. Participants must visit a Health Care Provider to evaluate blood pressure. The Health Care Provider must set the goal blood pressure for the participant to achieve. *To earn the rebate,* the Health Care Provider must verify that the goal blood pressure has been reached and maintained.

Blood Pressure	Goal Blood Pressure	Final Level	Authorized Signature	Completion Date
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☐ Qualify Diabetes Rebate - \$100

To qualify, participant must currently be diagnosed with **type 1** or **type 2 diabetes**. *To earn the rebate,* the participant must lower or maintain their HbA1c ≤ 7 for the year. Recent HbA1c lab results from a Health Care Provider are required for verification.

HbA1c Level (baseline)	Final Level	Authorized Signature	Completion Date
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☐ Qualify Tobacco Cessation Rebate - \$100

To qualify, participant **must currently use tobacco** or **have quit no more than 12 months prior to the rebate** contract date. *To earn the rebate,* a non-family member must verify that the participant has been tobacco-free for 12 months.

Quit Date	Authorized Signature	Completion Date
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